

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9044</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Patrick</u> <u>E</u> <u>Dolan</u> P O Box Bldg Room No if any Street <u>46 Troy Avenue</u> City <u>Long Beach</u> State <u>New York</u> ZIP Code + 4 <u>11561</u>	4 Name file number and address of labor organization Name <u>Enterprise Assn of Steamfitters Local 638</u> Labor Organization File Number <u>035 070</u> P O Box Building and Room Number if any Street <u>32-32 48th Avenue</u> City <u>Long Island City</u> State <u>New York</u> ZIP Code + 4 <u>11101</u>
5 Position in labor organization <u>Secretary Treasurer</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name <u>Steamfitters Industry Welfare Fund</u> Trade Name if any P O Box Bldg Room No if any Street <u>5 Penn Plaza 19th Floor</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10001 1887</u>	7 a Nature of Interest, Transaction or Income <u>Payment of registration and hotel room expenses for educational conference in connection with my position as Benefit Fund trustee</u> 7 b Amount <u>\$2 831</u>

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed <u>Patrick E Dolan</u>	On <u>8/12/05</u> Date	<u>(718) 392-3420</u> Telephone Number

Name of Person Filing Patrick Dolan	File Number U
-------------------------------------	---------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name <input type="text"/> Trade Name if any <input type="text"/> P O Box, Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	11 a Nature of such dealing <input type="text"/> 11 b Approximate dollar value of such dealing <input type="text"/> 12 a Nature of interest held or income received <input type="text"/> 12 b Amount <input type="text"/>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Steamfitting Industry Promotion Fund Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street 44 West 28th St City New York State New York ZIP Code + 4 10001	14 a Nature of payment Attended the Steamfitting Industry Promotion Fund golf outing-business/social function The value was \$415 The amount was reimbursed to the Steamfitting Industry Promotion Fund by my employer the Enterprise Assn of Steamfitters Local 638 14 b Amount of payment. <input type="text"/> \$415
13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	

Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name Colleran O Hara and Mills LLP

Trade Name if any

P O Box Bldg Room No if any suite 450

Street 1225 Franklin Avenue

City Garden City

State New York ZIP Code + 4 11530

14 a Nature of payment.

Attended the Colleran O Hara & Mills golf outing business/social function The value of which was \$235 The expense was reimbursed to Colleran O Hara & Mills LLP by my employer the Enterprise Assn of Steamfitters Local 638

13 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment

\$235

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name J W Seligman (Mike Burtash)

Trade Name if any

P O Box Bldg Room No if any

Street 80 Orville drive

City Bohemia

State New York ZIP Code + 4 11716

14 a Nature of payment.

Attended a dinner regarding investments paid and provided by Mike Burtash of J W Seligman in February 2004 The value of which was \$100 The expense was reimbursed to Mike Burtash by my employer the Enterprise Assn of Steamfitters Local 638

13 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment

\$100

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name Weiss Peck & Greer

Trade Name if any

P O Box Bldg Room No if any

Street 909 Third ave

City New York

State New York ZIP Code + 4 10023

14 a Nature of payment

Attended a golf outing business/social function paid for by Robert Mauro of Weiss Peck & Greer The cost was \$154 The expense was reimbursed to Weiss Peck & Greer by my employer the Enterprise Assn of Steamfitters Local 638

13 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment

\$154

Name of Person Filing Patrick Dolan

File Number U

Part A Continuation Page

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any)

Name Steamfitters' Industry Welfare Fund

Trade Name if any

P O Box Bldg Room No if any

Street 5 Penn Plaza 19th Floor

City New York

State New York

ZIP Code + 4 10001

7 a Nature of Interest Transaction or Income

Attended apprentice graduation ceremony and dinner
The cost was \$70 The expense was reimbursed by my
employer the Enterprise Assn of Steamfitters Local
638

7 b Amount

\$70

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any)

Name Steamfitters Industry Welfare fund

Trade Name if any

P O Box Bldg Room No if any

Street 5 Penn Plaza 19th Floor

City New York

State New York

ZIP Code + 4 10001

7 a Nature of Interest Transaction or Income

Meal expense paid by Welfare Fund for two meetings
held prior to regular union meetings The cost was
\$149 The expense was reimbursed to the
Steamfitters Industry Welfare Fund by my employer
the Enterprise Association of Steamfiteers Local
638

7 b Amount

\$149

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any)

Name Steamfitters' Industry Welfare Fund

Trade Name if any

P O Box Bldg Room No if any

Street 5 Penn Plaza 19th Floor

City New York

State New York

ZIP Code + 4 10001

7 a Nature of Interest Transaction or Income

Meal expense paid by Steamfitters Industry Welfare
Fund while attending the Steamfitters Industry
Assistance Program conference The cost was \$80
The expense was reimbursed by my employer the
Enterprise Assn of Steamfytters Local 638

7 b Amount

\$80